

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/14/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445408	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/31/2014
NAME OF PROVIDER OR SUPPLIER COMMUNITY CARE OF RUTHERFORD			STREET ADDRESS, CITY, STATE, ZIP CODE 901 COUNTY FARM RD MURFREESBORO, TN 37127		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 147 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on testing and observation, it was determined the facility failed to maintain the electrical system</p> <p>The findings included:</p> <p>On 4/1/14 at 3:00 PM, testing of the Ground Fault Circuit Interrupter unit in the Therapy Dining room area revealed the unit was not working.</p> <p>The finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview conference.</p>	K 147	<p>The defective ground fault receptacle was replaced by the maintenance department on April 1, 2014 and was tested to assure it functioned properly</p> <p>All other ground fault receptacles have the potential to fail and affect residents. All other receptacles are being checked to ensure that they are functioning properly by the maintenance director or designee with the completion date being April 22, 2014. The findings of this audit will be reported to the quality assurance committee.</p> <p>A twenty-five percent sample of all ground fault receptacles will be tested monthly as part of our quality assurance process by the maintenance director or designee with a goal of 100% of these receptacles functioning properly. This will be reported monthly for three months with 100% compliance and quarterly thereafter for twelve months.</p> <p>The ground fault receptacles will be added to the preventative maintenance log and any malfunctioning receptacles will be replaced immediately. Trends regarding replacement of these receptacles will be reported to the quality assurance committee.</p>	4/24/14	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.